

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1								
2	1	1							
3		2							
4		2							
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TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	20						TOTAL DEP.		
TOTAL CLAIMS	25						TOTAL CLAIMS		